

Appendix A: Internship Admissions, Support, and Initial Placement Data

INTERNSHIP PROGRAM TABLES

Date Program Tables are updated: Sept 2021

Internship Program Admissions

Brief Description:

The overall aim of the NWI Doctoral Internship in Clinical Psychology Training Program is to develop competent, well-rounded psychologists prepared for independent practice as “excellent generalists” in rural America, preferably within the VA. This requires psychologists to be able to competently function within interprofessional collaborative teams, to utilize theoretically informed, evidence-supported (and preferably evidence-based) practices, while also having the ability to think critically when addressing areas of limited research.

MATCH Numbers:

| | |
|--|--------------|
| 221711 - NWI - Rural Outpatient Focus-Omaha VA - | 1 position * |
| 221712 - NWI - Ass'm't Focus + Rural - Omaha VA - | 1 position |
| 221713 - NWI - Rotation Based - Grand Island VA - | 3 positions |
| 221714 - NWI - Rotation Based - Lincoln VA - | 1 position * |
| 221715 - NWI - NO Rotations - Rural Norfolk CBOC - | 1 position |

* Note: The number of training site positions or their locations may change or shift depending on changes in supervision availability. Any such shifts will be announced in MatchNews prior to Match-I rankings are due.

Applicants may choose to apply to any combination of the five currently available training tracks. Applications are reviewed by the entire NWI training committee. There is a single interview process with representatives from the current training sites, after which applicants who have interviewed rank (and are ranked by) each track separately.

Applications for Match II are due on or before 11:59 PM Eastern Standard Time (10:59 PM Central Standard Time) on **Monday November 15th, 2021**. For the 2022-23 training year, virtual (web or phone) interviews will be held either on January 6th & 7th, 2022 or January 13th & 14th, 2022.

All training sites operate within a single unified Internship program, with many shared training experiences (e.g., weekly didactics and other trainings). With one exception Interns at each training site participate in a year-long Assessment Clinic for approximately 8 hours per week (the “**Polytrauma**” track does 12 to 16 up to 20 hours of assessment-related training per week depending on experience and referral flow). The **Grand Island training site** is designed to have three (3) rotations - General Mental Health (GMH), Primary Care Mental Health Integration (PCMHI), and Posttraumatic Stress Disorder (PTSD). **Lincoln and Omaha training tracks** train to the same profession-wide competencies, yet some without rotations in a hybrid model. The **Norfolk training track** is the most analogous to rural practice with the Intern seeing whomever comes in the door (including PTSD, other mental health conditions, and many of the issues that otherwise arise when integrated within a small rural primary care Community Based Outpatient Clinic). The **Omaha training tracks** are in some ways a hybrid of the Norfolk experience and that at the rotation-based training sites. Both Omaha-based Interns gain GMH experience across the training year, each with a year-long supervisor, and both gain experience with PTSD intake assessments, and later in the training year potentially PTSD intervention, under the supervision of the specialized PTSD clinic. The Omaha-based housed across the street in Polytrauma has a greater assessment focus, but meets the same professional competencies within the “excellent generalist” focus of this unified Internship program; this is **NOT** considered a neuropsychology training track.

Regardless of training site, each Intern receives a minimum of four hours of scheduled supervision, two of which must be individual supervision. All Interns participate in group Assessment Clinic group supervision (one and one-half hours), and a (currently) Monday morning group supervision (one hour), pre-COVID typically with a local supervisor in the room with the Interns at each site and connected across sites via V-tel, and post-COVID with all meeting virtually for safety and to enjoy seeing each other's faces on the screen. The exception is that there is no local supervisor in the room with the Norfolk-based Intern during the Assessment Clinic group supervision. Therefore, the Norfolk-based Intern has one additional hour of individual scheduled supervision with the on-site supervisor. Post-COVID individual supervision is typically virtual wherever possible even when both are on site, possibly in nearby offices.

Interns across all training sites are one single training class, with regular opportunities for interaction with each other across sites throughout the training year. During the initial two-week orientation period prior to the start of the first rotation, Interns spend a considerable amount of time training together, sadly post-COVID only one day in person with the rest virtual (typically pre-COVID the class spent 5-6 days in the first two weeks training together in person). In addition, pre-COVID Interns from the various training sites typically met in person for didactics or other training experiences once a month during the non-winter months which is currently suspended but anticipated to return when the pandemic allows. Interns meet weekly via virtual platform (TEAMS) for group supervision and for approximately three hours of didactics per week. Other virtual interaction between Interns across training sites occurs one hour a week, typically for structured supervision skills development times with Drs. Hannappel and Ritchie, and a weekly training series on CBT-Depression with Drs. Johnson and North. In addition to informal text and visual TEAMS interactions that often happens throughout the day, there is a half hour most days (after lunch), which is set aside for Interns (if they choose) to have time during the day in which they know the majority of the other Interns are likely to be free to engage in informal contact, whether at their site or across training sites.

Outline of training tracks:

1) Track 221713 – “NWI – Rotation Based – Grand Island VA” Track – Grand Island, NE

This training track has changed to three Intern slots for the 2022-23 Internship year. This position is based at the Grand Island VA. The Grand Island VA no longer has inpatient treatment settings but continues to have residential nursing home and residential substance abuse treatment settings, as well as being a very large outpatient facility (akin to a “Super-CBOC”).

The Grand Island VA training track has three rotations: GMH, PCMHI, and PTSD, with a year-long Assessment Clinic. Grand Island-based supervisors include Drs. Duke, Krebs, Moniz, and Todd.

2) Track 221714 – “NWI – Rotation Based – Lincoln VA” Track – Lincoln, NE

This training track has a single Intern slot for the 2022-23 Internship year. Indeed, if necessary this one slot may be transferred to Omaha VAMC or left empty if sufficient space turns out not to be available at the new Lincoln VA building or if sufficient resources for adequate supervision is not sufficient. The Lincoln VA is a very large community-based outpatient clinic (aka “Super-CBOC”).

The Lincoln VA training track no longer has a rotation structure but rather has three year-long experiences: General Mental Health, PTSD and the Assessment Clinic. Lincoln-based supervisors will include Drs. Esseks, Meidlinger and White; Dr. Ritchie and Dr. Keller are also available for some limited supervision.

3) Track 221715 – “NWI – NO Rotations – Rural Norfolk CBOC” Track:

This training track has a single Intern slot for the 2022-23 Internship year and is based at a smaller, more typically sized, rural “Community Based Outpatient Clinic” (aka “CBOC”) in Norfolk, NE.

The “Rural Norfolk NE/No Rotations” training setting does not have separate rotations but trains to the same competencies as the other training sites. The Norfolk-based Intern does more travel to the other

training sites than his/her peers, which is also typical of rural psychology practice. The Norfolk supervisor is Dr. Pam Hannappel. When traveling to other training sites using the VA station vehicle, the Norfolk-based Intern can expand his or her clinical training experience and supervision across the other training sites.

4) Track 221711 – “NWI – Rotation Based – Rural Outpt Emphasis Omaha”

This training track has had a single Intern since its inception in 2018. This is expected to continue to be at least one Intern placement, but it is possible that a second will be transferred from Lincoln due to space limitations as yet unclarified in the new Lincoln VA building under construction.

This Omaha-based Intern has one year-long Outpatient General Mental Health experience (16 hrs/wk) with Dr. Ronn Johnson PhD ABPP, one year-long Assessment Clinic experience (8 hrs/wk) with Dr. Myla Browne PhD or Dr. Ritchie, and a year-long mini-rotation of 4-6 hrs/week doing mental health consults from PCMH limited to CBT-D, CBT-I and non-Military PTSD cases. It is hoped that in the second half of the year the Intern will be able to experience PTSD evaluations through the PTSD/PCT specialty clinic under the supervision of PTSD program director Dr. Terry North.

5) Track 221712 – “NWI – Assessment Focus + Rural – Omaha VAMC”

This is a new training because of supervision limitations in Lincoln requiring one position to be moved to Omaha. This position has greater assessment focus but **is not a neuropsychology track per se**. This Omaha-based Intern is likely to have one year-long Outpatient General Mental Health experience (6-8 hrs/wk) with Dr. Ronn Johnson, one year-long Assessment Clinic experience (12-16-20 hrs/wk depending on experience and referral flow) with Dr. Jocelyn Ritchie JD PhD, and some evaluation in the geriatric clinic under Dr. Myla Browne. a year-long mini-rotation of 4-6 hrs/week doing PTSD evaluations through the PTSD/PCT specialty clinic under the supervision of Dr. Shauna Crim.

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Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Yes but we are not adhering to this requirement in this Age of Covid – however, we encourage applicants to explain the impact of their shortage of hours on their clinical training in their cover letter:

| | Amount: Total Direct Contact | |
|---------------------------------------|--------------------------------------|-----------|
| Intervention Hours | N <input checked="" type="radio"/> Y | 250 Hours |
| Total Direct Contact Assessment Hours | N <input checked="" type="radio"/> Y | 25 Hours |

Describe any other required minimum criteria used to screen applicants:

- 1) Doctoral student in good standing
- 2) Approved for Internship status by graduate program director of training.
- 3) All coursework required for the doctoral degree, including qualifying and comprehensive examinations, must be completed prior to the start of the Internship year.
- 4) Applicants must have successfully proposed their dissertation by the Internship application deadline.
- 5) U.S. citizenship.
- 6) Match results and selection decisions are contingent upon passing these screens:

- A. Male applicants born after 12/31/1959 must have registered for the draft by age 26; the Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed
- B. Matched Interns are subject to fingerprinting and background checks.
- C. Understanding that starting and continuation in position is subject to passing random drug screening.
 - Note that use of CBD is still considered use of a controlled substance under federal law and therefore evidence of use of CBD or other cannabis-related substance at any point in the internship would prevent one from passing a random drug screening, and therefore would not allow an applicant or Matched Intern to start or continue a position with the VA (in other words, this could cause an Intern who may otherwise be doing well to fail to be able to successfully complete this internship)

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns: \$26,297
 Annual Stipend/Salary for Half-time Interns N/A
 For additional details, see: <http://www.psychologytraining.va.gov/benefits.asp>

Program provides access to medical insurance for intern? ☒ Yes ☐ No

If access to medical insurance is provided

Trainee contribution to cost required? ☒ Yes ☐ No

Coverage of family member(s) available? ☒ Yes ☐ No

Coverage of legally married partner available? ☒ Yes ☐ No

Coverage of domestic partner available? Yes ☒ No

For additional information see: https://www.va.gov/oaa/AHE_Fed_Health_Life.asp

Hours of Annual Paid Personal Time Off (PTO and/or Vacation)

4 hours Annual Leave per pay period = 104 hours
 10 Federal Holidays = 80 hours

Hours of Annual Paid Sick Leave

4 hours per pay period = 104 hours

Note: Use of Sick Leave is for when you are sick or caring for a dependent family member, as defined by HR. Use of sick leave beyond two consecutive days requires a "Doctor's Note" (may be MD or other primary care provider)

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?

☒ Yes ☐ No

The Family Medical Leave Act (FMLA) does not apply to Psychology Interns until they have been appointed for one year (same as non-trainee employees). However, a Psychology Intern is eligible to apply for up to 12 weeks (maybe more) of Leave without Pay (LWOP) but this will not be through the formal "FMLA procedures." It is important to receive pre-approval from OAA if a trainee will need to

extend training subsequent to LWOP status. It should be noted that in accredited programs, time lost must usually be made up in order to complete the requirements of the training program.

Interns with documented medical conditions for themselves (or for family members for whom they must care, as defined by HR) who require extended leave in excess of accrued personal time off and sick leave may negotiate for a reasonable period of unpaid leave. Unpaid leave in excess of personal time off (Annual Leave) and sick leave will require an equal amount of time added to the duration of the Internship in order to fulfill the Internship requirements. There is no guarantee of additional funding for this extension of time in the Internship (however see below). In some cases, a waiver from APPIC and/or APA may be required as part of the negotiation for extended absence from the Internship, even if deemed reasonable by the negotiation process between Intern and Internship or between the Intern and VA Human Resources.

The definition of “reasonable period of unpaid leave” is an individualized negotiation between the Intern and the Internship, and must be arranged in concert with the Training Director with input from the Chief of Psychology, local VA Human Resources personnel, and the local Director of Education and the National VA Office of Academic Affiliations (which funds the Internship). Interns are not employees being paid by the hour; rather they are trainees with an annual stipend which is typically divided into 26 equal parts (one for each pay period).

1. One consideration may be whether the stipend is suspended during the time of extended medical leave. This may depend on the time involved after use of all other available leave.
2. Another consideration may be for the Intern and local HR to discuss options regarding any impact the extended leave may have on other benefits that may or may not be suspended during the extended leave -- for example the VA's contribution to the Intern's medical insurance if the Intern had initially elected to participate in medical insurance.
3. Other considerations may arise due to the Intern's individual circumstances as well as VA guidelines and fiscal realities/procedures.

For example, in response to a question regarding maternity leave during the course of Internship, the national VA Office of Academic Affiliations (OAA) responded as follows:

Q: One of my interns let me know she would be having a baby about midway through internship (or has a major medical problem that will cause an extended absence). What do we do?

A: “The intern should use accrued annual and sick leave and then go on Leave Without Pay (LWOP) status until able to return to the training program.

“When the LWOP starts, the training director should contact the local fiscal office to discuss the LWOP and anticipated return to duty date so the fiscal office can determine if funds not being used should be returned to the Office of Academic Affiliations or kept at the facility to be used when the intern returns to duty. If the internship won't be finished by September 30, the end of the fiscal year, some of the fiscal year funds will be unused and should be returned to OAA. If the internship will continue into the next fiscal year, the internship director should ask the fiscal office if the facility can pay for the remaining time in the new fiscal year or if OAA needs to send additional funds to the facility. The fiscal office, in turn, should request any needed additional funds from OAA using the Quarterly Needs & Excess Report.”

Other Benefits:

For more information, see the National VA Office of Academic Affiliations (OAA) intranet website (which becomes available to Interns once at the VA):

<https://dvagov.sharepoint.com/sites/VHAoaaSitePortal/fag/Lists/FAQ%20Subcategory/AllItems.aspx>

Once on board, Interns may inquire with local NWI HR about various work-life benefits:

<https://www.va.gov/OHRM/WorkLifeBenefits.asp>

e.g., the “VA Child Care Subsidy Program” for which Interns can apply after 90 days of ‘employment’:

<https://www.va.gov/ohrm/worklifebenefits/vachildcare.asp>

Liability Coverage:

When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform & Tort Compensation Act 28, U.S.C.2679 (b)-(d).

Worker’s Compensation (or equivalent):

Direct paid trainees, such as Psychology Interns, who are injured while at VA or while fulfilling VA responsibilities are treated like any other VA employee, with all the rights and benefits that would be granted to any employee. The NWI Personnel Health Service should coordinate everything, following guidance from VA DIRECTIVE 5810, MANAGING WORKERS’ COMPENSATION CASES AND COSTS.

Choice to participate in Life Insurance:

VA Trainees are eligible for life insurance benefits if their VA-sponsored training period is one year (2080 hours) or more (so covers Psychology Interns). See webpage above re “Other Benefits.”

Discretionary Internship defined (Non-VA-wide) benefits specific to the NWI Psychology Internship based on the discretion of the Internship itself, and not NWI as a VA:

There are three types of **discretionary** leave that the NWI Internship has decided to offer to NWI Psychology Interns, provided the Intern is meeting all Internship expectations to date. These are described in further detail in the brochure.

First, the Internship may use discretion to grant up to five days of Authorized Absence (“five-days AA”) the use of which is restricted to the following purposes:

post-doc interviews, job interviews, and dissertation defense,

(and may **not** be used for other purposes such as:

dissertation data collection or writing, meetings with dissertation committee members).

Second, the Internship recognizes that travel is a fact of life for rural psychology practices. The Internship has decided to use its discretion to grant “travel-related equivalent time off” which is intended to offset at least some of the travel time outside the minimum required regularly scheduled tour of duty (M-F 08:00AM-04:30PM) related to travel between VA training sites. This includes time actually in transit during the first two weeks orientation period as well as travel during assessment clinic Fridays and for didactics-related travel across NWI training sites. Use of “travel-related equivalent time off AA” is restricted; use includes not only the same purposes as the “five-days AA” but may also be used for the following education-related purposes: dissertation data collection or writing, meetings with dissertation committee members, attending conferences (unless part of Internship), attending Intern’s doctoral graduation, or similar situations as specifically requested and granted by the Training Director or designee. The only other use of “travel-related equivalent time off AA” that may be approved by the Internship would be related to an Intern negotiating an extended leave due to documented medical issues as described above.

We estimate over the course of the typical training year, up to 40 hours of “travel-related equivalent time off AA” may become available for Interns based in Grand Island, Lincoln and Omaha, and possibly somewhat more for the Norfolk-based Intern. However, in the Age of COVID travel in the first 2 weeks has been significantly decreased for trainees as well as throughout the training year (other than the Norfolk-based Intern who continues to do some travel where safety allows to round out training experiences).

When travel is permitted, Interns based at any of the training sites have typically have access to use of a VA station car. If a VA vehicle is not available use of a privately owned vehicle (POV) is reimbursed at the federal rate (currently 58 cents per mile). If Interns elect to use their own POV when a VA vehicle is available, mileage reimbursement is much less (currently approximately 17 cents per mile. Reimbursement either way requires advance approval at least two weeks prior, both for travel use of a VA vehicle and/or for reimbursement.

There is also a **third** type of discretionary AA, in which the Internship requires or encourages the Intern to attend an off-site training or activity, such as certain designated conferences (e.g., the Nebraska Psychological Association Fall and/or Spring Conferences) or certain designated community-based diversity events.

Note: The three discretionary types of "AA" described above are solely within the purview of the NWI Doctoral Psychology Internship. The VA time-keeping system (VATAS) requires prior authorization from the Chief of Psychology regarding any form of AA.

Pay out of unused leave when leaving the Internship:

Any unused Annual Leave and Sick Leave that is tracked through the formal VA time-keeping system (VATAS) may be transferred to another VA if going to a VA for a VA post-doc or for a VA job. This requires the receiving VA HR department (whether VA postdoc or job) to contact the NWI HR in order for this process to get started, so Interns are encouraged to make arrangements as soon as they can once Matched or hired.

For those not transitioning to a VA post-doc or VA job, unused Annual Leave (but not Sick Leave) may be paid out by HR on completion of the Internship. Sick leave may be reinstated if the individual returns to VA in the future, but must work with their receiving VA HR to make this happen (meaning the VA they are going to, not the one they are coming from).

Federal Service Credit for leave purposes for future federal employment (but not credited for retirement benefits):

The Internship training year appointment in a paid status is counted toward the Service Computation Date (SCD) and is considered creditable service for leave purposes only. Time served under a "without compensation" (WOC) appointment is not counted toward the SCD and, therefore, is not creditable leave. Student trainee appointments are excluded by law from retirement coverage under the Civil Service Retirement System, (CSRS) and the Federal Employees Retirement System (FERS) (5. U.S.C. chapters 83 & 84; 5 U.S.C. 5351) VA handbook 5005/12, Part II, Appendix C, Section 10

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Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

2018-19 through 2020-21

| | |
|--|----|
| Total # of interns who were in the 3 cohorts | 21 |
|--|----|

| | |
|---|---|
| Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree | 3 |
|---|---|

| | | |
|---------------------------|----|----|
| | PD | EP |
| 2018- 21 Combined Cohorts | | |

| | | |
|---|---|---|
| Community mental health center | - | - |
| Federally qualified health center | - | - |
| Independent primary care facility/clinic | - | - |
| University counseling center | - | - |
| Veterans Affairs medical center | 1 | 5 |
| Military health center | - | - |
| Academic health center | 4 | - |
| Other medical center or hospital | - | - |
| Psychiatric hospital | - | - |
| Academic university/department | - | - |
| Community college or other teaching setting | - | - |
| Independent research institution | 1 | - |
| Correctional facility | - | - |
| School district/system | - | - |
| Independent practice setting | 6 | - |
| Not currently employed | - | 1 |
| Changed to another field | - | - |
| Other | - | - |
| Unknown | - | - |

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position.

Each individual represented in this table is counted only one time. For former trainees working in more than one setting, we have selected the setting that represents their primary position.

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